

AGENCY NAME _____

INCORPORATED NAME _____

if different from above

Type of Organization

Private non-profit ☐Public Corp. ☐Private for-profit ☐

Mailing Address _____

City / ST / Zip _____

Web Address _____

Telephone _____

FAX _____

Email _____

Contact Person _____

Title _____

Person Authorized to sign contract _____

Title _____

Telephone _____

Email _____

Billing Address (if different from above) _____Street / City / ST / Zip

Billing Attention _____

Telephone _____

Email _____

Statement of Corporate Purpose (please use other side if necessary and attach organization brochures):

- Describe how the work of your agency is in the public interest (or for the national or community welfare rather than for the benefit of a particular interest or group):

- Source of corporate income:

- Nature of any membership and any membership fees involved:

- Who will be the person responsible for supervising student workers on the job site?

- Additional comments?

PSU use only:

America Reads/America Counts Contract? (Federal funds responsible for 100% of wages)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Service Contract (Federal funds responsible of 75% of wages)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contract Duration:	1 year <input type="checkbox"/>	3 years <input type="checkbox"/>
Date approved: _____ Name: _____ Initials _____		

RETURN TO:

Portland State University
Office of Student Financial Aid & Scholarships
P.O. Box 851
Portland, OR 97207-0751
Phone: (503) 725-3461
FAX (503) 725-5965